Appendix D – Online Enrollment
One-e-App Site Visit Summary, March 24, 2008

Center to Promote Healthcare Access, Sacramento, CA

Attendees: Kay Knox, Assistant Director, WithinReach; JoAnn Whited, Program Coordinator ParentHelp123.org, WithinReach; Kara Johnson, White Lotus Design, San Francisco; Loren Johnson, FN Group (by phone); Kirsten Wysen, Policy Analyst, Public Health-Seattle & King County; Claudia Page, Director, Center to Promote Healthcare Access; Bobbie Wilbur, Director of Applications Solutions and Ashok Rout, Product Manager with the Center to Promote Healthcare Access.

Data Center Tour
After welcomes and introductions, the visiting group toured the One-e-App data center, which is maintained at Herakles Data. One-e-App is one of about 300 organizations that buy internet data storage services from Herakles Data. Herakles serves as a data storage facility for many companies to assure they can access stored data for their business continuity in the event of a disaster or power interruption.

One-e-App History
One-e-App staff shared some history with the Washington state visitors, since the ParentHelp123.org is in its early stages of development. One-e-App started as a single application for California certified application assisters (CAAs) to submit an application online for Medi-Cal and Healthy Kids (SCHIP).

Business Models
The group discussed various business models to support the development and maintenance of an online application. In California, the 11 counties that use One-e-App paid for the initial implementation often with foundation or First Five Commission support. The county budgets support on-going maintenance and updates. Since California counties determine Medicaid eligibility and operate public medical clinics, they have an incentive to increase the number of insured children in their counties. The Arizona and Indiana financing mechanisms for One-e-App in those states are more applicable to Washington state.

Arizona One-e-App
In Arizona, community health centers pay subscriptions to One-e-App for Health-e-Arizona. 23 of the 24 Federally Qualified Health Centers (FQHCs) in Arizona use Health-e-Arizona to submit applications for Medicaid and SCHIP to the state. The community health centers also use Health-e-Arizona to determine the sliding fee schedule for adults in the family, along with WIC and food stamps eligibility. Having a consistent rapid way to establish adult sliding scale fees based on the family's income is another value-added for the community health centers to use Health-e-App. Each of the community health centers pays about $6,000 per year to provide a combined statewide total of about $150K for on-going support and maintenance.

The State of Arizona provides feedback about the disposition of the submitted application to Health-e-Arizona users. The Arizona community health centers see when applications are approved and are given a reason code when applications are denied. Learning from the feedback mechanism about the reasons applications are denied has allowed the health centers to achieve a 90% acceptance rate.

The Arizona community health centers do their own training program for users. They create multi-disciplinary teams with a hospital, community health center, health system, Medicaid and TANF representative, who visit new users to conduct training.

Indiana One-e-App
In Indiana, the financial partner for Health-e-Indiana installation is a hospital system in Marion County, which similarly pays a quarterly subscription fee to One-e-App. The hospitals use Ind-e-App to apply for coverage for the children, establish sliding fee scale levels for adults and nearby community health centers follow-up with families to assure that applications are complete and that families are connected to a regular source of primary care.

On-going Support and Oversight for California One-e-App
California convenes Statewide Operational meetings monthly to serve as a users group for One-e-App counties. In addition, One-e-App has a Policy Committee that meets every two months and is responsible for policy changes to the website.

Lifespan Relationship with Applicants
One-e-App is realizing that they will have long-term relationships with applicants. They store data from applications indefinitely. Users can see the family's program, address and circumstance history. Children will transition to adult programs through One-e-App. One-e-App requires substantial data storage capability to accomplish this. One-e-App has different storage processes for temporary documents, such as pay stubs, and permanent documents, such as birth certificates. They recommend storing data on a person-basis, rather than a program basis, so that client searches and transitions between programs can be facilitated.

Privacy Issues
Because One-e-App stores so much personal data, they have addressed several confidentiality issues. Although they do not formally qualify as a HIPAA "business associate," they comply with HIPAA standards for business associates. They have contracted with Cisco Systems to perform a security audit.

Post-application follow-up and Renewals
In California, certified application assisters connect with families 30 days after applications are submitted to check if they have received medical cards, chosen a physician or had any problems with their coverage. To assist with annual renewals, CAAs contact families 90, 60 and 30 before the renewal date to assist with keeping continuous coverage.

Application Tracking
One-e-App staff reviewed the Eligibility Entities' ability to track applications submitted by their CAAs. There are two levels of access to application tracking data and reports: organization

administrator and super system administrator, depending on the supervisory responsibility of the administrator.

Conclusion and Next Steps

The site visit offered Washington state staff lots of food for thought as ParentHelp123.org matures and evolved. Through the King County Children's Health Initiative, Public Health-Seattle & King County is supporting the development of WithinReach's ParentHelp123 electronic submission capacity to the state and the development of a version of ParentHelp123 that can be used by outreach workers or other partners. The Washington partners will use the knowledge and advice they obtained from the One-e-App staff as they go forward with these system enhancements. Washington staff will continue to stay in touch with One-e-App staff as progress is made, and the technical advice offered so far is greatly appreciated.

Appendix D – Online Enrollment Progress Report, June 20, 2008

Project Team: Kay Knox, JoAnn Whited, Sue Waldin, WithinReach

Date of Report: June 20, 2008 *(updated by Kirsten Wysen, PHSKC)*

Project Aim:
The online enrollment pilot project will help families in King County to apply and stay enrolled in public health insurance coverage and link them to services through use of Web-based processes. Currently, many low-income families face barriers in access to coverage and services related to paper application and enrollment processes.

The online enrollment pilot project will **1)** develop the technical and policy changes needed for electronic submission of State health coverage applications by families and **2)** develop a "super-user" version of current electronic application programs for use by application and outreach workers to enroll families.

A long-term goal of the program is to use the Web to connect families to a health plan, physician, and dentist as part of the enrollment process. Another longer-term improvement to be explored is allowing families to re-certify for insurance coverage over the Web, to reduce the number of those who lose coverage during the recertification process.

What are the important/unique/challenging aspects of this project?

The state is currently working on improving its own online application tool (via the ESA Online Services Application Project - OSAP). The new system will allow WithinReach to send electronic data directly to the state. The anticipated launch of the state's new system has been postponed to late 2008 – early 2009. Creating an electronic link with ParentHelp123 is not included in phase one of the project but will begin in the second phase anticipated to be launched in the spring of 2009. Engaging state partners to address policy issues needed to facilitate online enrollment outside the timeline and scope of the project will be an ongoing challenge.

List significant accomplishments – focus on results: *(include progress/resolution of any issues from previous reports, if appropriate)*

1. WithinReach staff (Kay Knox, JoAnn Whited), White Lotus Design (Kara Chanasyk, Loren Johnson) and PHSKC (Kirsten Wysen) had the

opportunity to visit The Center to Promote Healthcare Access in Sacramento, CA and meet with "One-e-app" staff (Claudia Page, Bobbie Wilbur, Ashok Rout), to learn about California's online enrollment system. The site visit consisted of a tour of the data center, demonstration of One-e-app and discussion about One-e-app's history, business model, and other state programs (Arizona and Indiana). This opportunity offered lots of food for thought as ParentHelp123.org matures and evolves. The Washington partners will use the knowledge and advice they obtained from the One-e-App staff as they go forward with system enhancements. Washington staff will continue to stay in touch with One-e-App staff as progress is made.

2. WithinReach continues to participate in the OSAP business requirements work-group and the Steering Committee. At the June meeting DSHS demonstrated their new website progress to date (several meetings in the spring of 2008 were cancelled due to delays in the web development). WithinReach has begun conversations regarding the technical requirements necessary to create an electronic link between the state and ParentHelp123. JoAnn Whited and the ParentHelp123 web development manager met with OSAP web developers, Paul Erickson and Rick Wilcox on May 7. WithinReach shared information about the technical requirements needed to establish a secure link with ParentHelp123 and DSHS provided an update on the status of the project and rough timelines for releasing technical specifications. As previously mentioned this work is part of phase II of the project and not projected to be addressed until spring 2009.

3. WithinReach is working on the next step in helping families submit their applications via ParentHelp123.org. As an initial step towards "true" electronic submission, WithinReach is developing an option to offer to print and send applications generated on ParentHelp123.org and also to increase electronic communications with ParentHelp123 users. Related to this work the Call Center is conducting a pilot project to follow-up with Basic Food applicants and assist them to complete the application process. This pilot project will help to inform ParentHelp123 developments and communications with ParentHelp123 site users to assist them in the application process.

Current results/data, if available:
There is no data to report at this time.

What problems/issues have been encountered that Public Health can help with.

Initial findings of the Call Center Basic Food pilot project are uncovering issues around the routing of applications and potential issues with the tools that are available to help outreach agencies to connect families to state programs. In order to ensure that applications are sent to the appropriate location, WithinReach would like to explore the possibility of sending applications to a centralized location (hub) and may need to help in building relationships with those hubs.

WithinReach would like to consider phasing electronic submission by using incremental steps of communication with the state. Being able to access currently used technologies such as faxing, e-faxing, and email communication would allow WithinReach to send applications to the state more efficiently and would allow for "paperless" processing of client information. WithinReach could use help to determine which of these current technologies the state may be using with outside agencies and how WithinReach can access them.

Any additional comments.
Thanks to Public Health: Seattle & King County for giving us the chance to visit the One-e-app team. This was an incredible learning opportunity!

Appendix D – Online Enrollment
Online Enrollment Pilot Sub-committee Roster

First	Last	Organization	email
Kay	Knox	WithinReach	knox@withinreach.org
Patty	Hayes	WithinReach	hayes@withinreach.org
Teresa	Mosqueda	Children's Alliance	teresa@childrensalliance.org
Manning	Pellanda	DSHS Health and Recovery Services Administration	manning.pellanda@dshs.gov
Scott	Reese	DSHS Economic Security Administration	scott.reese@dshs.gov
JoAnn	Whited	WithinReach	joannw@withinreachwa.org
Mary	Winkler	DSHS Economic Security Administration	mary.winkler@dshs.gov
Kirsten	Wysen	Public Health-Seattle & King County	kirsten.wysen@kingcounty.gov

Appendix D – Behavioral Health Integration Maternal and Child Behavioral Health (MCBH) Pilots June 16, 2008, Meeting Notes, Next Steps and Updates

MHITS Update - Good News!

- MHITS for maternal and child behavioral health (MCBH) pilots should be up and running by late August/early September – much earlier than previously expected!
- Both MSS and primary care providers will have access to MHITS.
- PHSKC will pull together a small team to work with UW faculty and programming staff on this adaptation to MHITS; contact Anne Shields, anne.shields@kingcounty.gov, or Marc Avery, mavery@valleycities.org, if you would like to have input to this process.

Screening Tools for Moms and Children

High Risk Moms: The PHQ9 is the only depression screening tool for adults that will be tracked in MHITS.

  - PHQ2 or Edinburgh can be used as a "pre-screen" if pilot programs choose to, but this is not required of pilot sites.
  - Based on the meeting discussion, women who are not established patients should receive the PHQ2 at the well child check, but not the PHQ9
  - Women who screen negative on PHQ2 or Edinburgh will count toward the number of women screened.

- All women with positive PHQ9 scores of 10+ will be tracked in MHITS, both in MSS and primary care.
- All scales available for GA-U enrollees will also be available for high risk mothers, including GAIN SS (substance abuse scale) and GAD-7 (anxiety scale).
- A scale or evaluation for postpartum psychosis is also under consideration for MHITS.

Children 5 - 12 years: The Pediatric Symptom Checklist (PSC) will be tracked in MHITS.

- This includes PSC-35 and the PSC-35 Pictorial, which are validated for 5-12 years. Please note that some validation studies have noted cultural differences in some racial / ethnic groups, indicating different cut-off points for negative and positive screens.
- ICHS is piloting the PSC-17 in all well child visits, 5-12 years, and so will gain some experience on the usability of this tool for their patient population. There are as yet few validation studies of the PSC-17.

Children 0- 4 years: Appropriate scales for screening children 0-4 years are under discussion; efficiency for use in primary care is a concern. More information will follow for discussion at site meetings being scheduled.

Screening Protocols / Process Flow

- Reports on strategies for screening protocols w/moms varied considerably.
- Pilot sites expressed a need for a more uniform protocol /process flow for screening moms; a draft process flow will be emailed out at a later date for discussion at up-coming site meetings.

Reporting on Total Number of Women and Children Screened
Reminder that pilot programs will periodically report on the total number and percent of mothers and children screened, both in MSS and in primary care.

- After the meeting, Jessica developed a simple query to calculate these figures and will share this strategy with planners at upcoming site meetings.

Only women with PHQ9 scores of 10+ will be entered into MHITS, so other mechanisms are needed to capture the total number of women screened. The # of women screened in MSS can be tracked with:

- Excel or Access database that PHSKC can prepare for your agency; contact Jessica.
- A CPT code might be used to track the number of screenings using your billing system
    - E.g. CPT #96150- "Health and behavior assessment"; or
- Some pilots might elect to use a dummy code to track screenings using your billing system

Roll-out and Training Available to Primary Care Staff

- PHSKC can arrange a roll-out meeting this summer for primary care and behavior health staff at agency's provider meeting(s) upon request.
    - Contact Jessica to make arrangements.
- UW School of Medicine is offering a one-day training *Behavioral Health in Primary Care: Evidence-Based Skills for Busy Clinicians,* on Friday, September 19.
- PHSKC is working with UW to also offer one or more comprehensive trainings in late September or early October with sessions focusing on children 0-12 years and pregnant and parenting women. CME will be offered.

MSS Providers and Discussion of Support Groups

- Pilot programs shared specific or preliminary plans for engaging mothers through peer support groups and educational group activities. This could be a key intervention for engaging and supporting many women, who may be more inclined to engage in this activity.
- Some pilot programs are piloting systematic, structured approaches to groups, steering away from mental health labels, and using an education orientation to engage women successfully.
- PHSKC will collect more detailed information about group intervention pilots to share among all programs.
- PHSKC is available to provide training/TA and curricula for group leaders

Other Training and TA Needs

- PHSKC will arrange for training/TA on medications appropriate for pregnant and breastfeeding moms.
- PHSKC is exploring listserv and wiki/website; web conferencing set up for efficient communication between pilots.

Parking Lot Issues

- Anne and Marc will follow up on medication coverage for moms losing Medicaid eligibility.

Maternal and Child Behavioral Health Pilots
2008 Training Opportunities and Meetings Calendar- Updated June 24, 2008

June – early July	Hiring and training new project staff Site meetings scheduled with PHSKC; agenda to follow
July	MHITS for moms and children in development with UW School of Medicine July 15th First project report due (narrative/implementation)
July - Sept	MHITS for moms and children piloted UW faculty available for provider meetings; contact Jessica Knaster at jessica.knaster@kingcounty.gov
September	Dates TBA – MHITS roll-out and "101" trainings September 7th through 9th – PHSKC training: *Engaging At-Risk Families in Mental Health Care.* Contact Erin Galvin at erin.galvin@kingcounty.gov September 19th – UW training: *Behavioral Health in Primary Care: Evidence-Based Skills for Busy Clinicians*. Information and registration at http://depts.washington.edu/cme/live/#MJ0907
October	October 1st Quarterly meeting and training October 15th Second project report due Date TBA- UW Training: *Behavioral Health in Primary Care: Focus on Pregnant and Parenting Moms and Children 0-12*
Nov - Dec	Site meetings to review progress on first-year implementation
January	January 5th - Quarterly meeting and training January 15th - Report to PHSKC due

Online Resources

- PHQ-9 - 29 languages http://phqscreeners.com/
- PSC-35 and PSC-35 Pictorial - 12 languages http://www.massgeneral.org/allpsych/psc/psc_forms.htm

Appendix D – Behavioral Health Integration Progress Report, June 16, 2008

Project Team: PHSKC: Jessica Knaster, Erin Galvin, and Anne Shields

Date of Report: June 16, 2008

Project Aims:
This project effectively coordinates funds from two King County sources to provide family-centered mental health treatment.

- The Veterans and Human Services Levy provides funds to address maternal depression via integrated mental health / behavioral health services in maternity support programs and safety net primary care clinics.
- Complementing Levy funding, CHI has provided funding to pilot screening and mental health treatment strategies for low income children in safety net clinics.

Integrated, behavioral health pilot programs intend to:

- Improve access to depression screening for diverse, low income mothers and their children.
- Improve mental health status and functioning of at risk mothers and their children.
- Improve primary care capacity to reduce risk, address early symptoms of depression, and treat mental health issues.

Program strategies for maternal and child behavioral health program pilots include the following:

- Educate women about maternal depression. Education and health promotion strategies can be better incorporated into maternity support programs and in guidance provided in prenatal care and well child care.
- Increase the availability of peer support for women who are at risk of or experiencing depression and other mood disorders. Peer support groups and other mechanisms that promote interpersonal support may be an effective and efficient mechanism to expand social support networks.
- Implement screening of mothers and children in both maternity support programs and in primary care settings. For women, applicable clinical tools already in use in King County include the Edinburgh Postpartum Depression Scale, Patient Health Questionnaire (PHQ) - 2, and the PHQ - 9. For children 0 to 12 years, the pediatric symptom checklist and has already been piloted in some safety net clinics.

- Integrate behavioral health treatment into primary care settings that are already serving pregnant and parenting women and their children. Pilot sites/programs can initially build upon models that are already in place in many King County health centers and safety net clinics.

What are the important/unique/challenging aspects of this project?

- Maternal depression affects one out of every six low income mothers and, if left untreated, can ultimately harm children's health and development.

- Low income moms are sometimes very difficult to engage in treatment and support strategies. They are more likely to bring their children in to be seen in community health centers and other safety net clinics, than to seek help on their own behalf.

- Low income moms have Medicaid coverage during pregnancy and for only a short period after delivery, so that funding for treatment strategies, including access to appropriate medications, are much more challenging.

List significant accomplishments – focus on results:
Funds for pilot projects were awarded through a competitive RFP process in April, with contracts in place as of May 1. Providers in ten clinics and maternity support programs will pilot interventions to better support pregnant and parenting low-income mothers and their children aged 0 – 12. Pilot programs include the following organizations:

Community Health Centers of King County will focus pilot services in its Auburn and Federal Way clinics, serving women and children from throughout south King County. CHCKC's pilot efforts for mothers and children will enhance a well established behavioral health program.

Country Doctor Community Health Centers will build upon its successful maternity support and behavioral health programs, offering enhanced services for mothers and children at its Carolyn Downs and Country Doctor clinic locations. Peer support groups will be offered in Spanish and English.

International Community Health Services' Holly Park and International District clinics will provide culturally appropriate, in-language services to Asian American, Native Hawaiian and other Pacific Islander mothers and children. In addition to peer support groups for mothers, ICHS will also offer groups and classes to support fathers.

Puget Sound Neighborhood Health Centers will serve its diverse maternal and pediatric populations at Greenwood and 45th Street clinics. Funds will support the addition of a bilingual, bicultural community health worker to their maternity support program, serving as a cultural bridge for PSNHC's Latina clients.

Sea Mar Community Health Centers will pilot a Comadre (literally, "co-mother") facilitation and treatment model, to assist women to engage in peer support and mental health services. New services will be offered initially at the Burien clinic, and expanding to additional sites. Many in Sea Mar's Latina, Spanish-speaking population are recent immigrants, who are at increased risk for depression.

Primary care providers in all clinics will be supported in their efforts by **Valley Cities Counseling and Consultation,** whose staff will provide psychiatric consultation on both adults and children served in the pilot programs.

Current results/data, if available:

Collective 2008 goals for the five pilot programs are summarized below.

2008 Service Delivery Goals
May through December 2008

2008 Service Delivery Goals	YTD Sept 2008	YTD Dec 2008
# pregnant and parenting low income women periodically screened for depression and/or chemical dependency (MH/CD) in maternity support programs (or other early parenting support programs)	424	848
# pregnant and parenting low income women screened periodically for MH/CD in prenatal care, other primary care, and/or well child care	2,520	5,015
# pregnant and parenting low income women attending peer support groups or receiving similar early interventions that increase interpersonal support	107	213
# children age 0-12 screened periodically for MH issues in coordination with well child care or other primary care visits	1,994	3,988

Performance measures for integrated behavioral health pilots have been well defined, and are described below:

Outcomes	Performance Measures
Improve access to depression screening for mothers and their children	Clients screened periodically through *First Steps* and other maternity support programs and in primary care during prenatal and well child care visits: # (%) moms # (%) children 0-12 years
Improve mental health status and functioning of at risk moms and their children	Results of clients' periodic screening over time: For adults: • Edinburgh Prenatal Depression Scale or PHQ-9 • GAD-7 (anxiety) • GAIN (chemical or alcohol abuse) For children: • Pediatric Symptom Checklist – 17 or 35 Major mental health and medical diagnoses of clients
Improve capacity to reduce risk and address early symptoms of depression	# (%)Adult clients attending peer support groups or receiving other early intervention strategies during pregnancy or early in parenting years (0-3 years)
Improve primary care capacity to treat mental health issues	# (%) Clients receiving treatment and follow-up through integrated behavioral health programs • # (%) moms • # (%) children 0-12 years
Assure access to interventions for diverse pregnant women, mothers, and their children	Demographic profile of clients served in pilot programs: • Race / Ethnicity • Residence • Age • Insurance status • Housing status

Piloting Maternal & Child Behavioral Health Services
MCBH Pilot Programs and Psychiatric Consultation Roster

	Maternity Support /OB	BH / Primary Care	Reporting / Budgeting
ICHS	Thu Ngo thun@ichs.com	Mike Lee 2mikelee@ichs.com 206.788.3718 Joann Lam joannel@ichs.com	Vajra Allen vajraa@ichs.com
CDCHC	Alison Voinet avoinot@ cdchc.org	Anna Gruen ajgruen@cdchc.org	Caroline Wildflower ckwildflower@cdchc.org 206.299.1612
HealthPoint		Jim Berghuis jberghuis@chckc.org Evan Oakes eoakes@chckc.org Jeff Harvey jharvey@chckc.org	Faith Wimberley fwimberly@chckc.org 425.203.0419
PSNHC	Sandy Szalay szalas @psnhc.org	Grace Wang wangg@psnhc.org	Joseph Sporacio josephs@psnhc.org 206.548.3061 Jill Bonjean JillB@psnhc.org
Sea Mar	Sherryl Grey sherrylgrey @seamarchc.org	Sunny Diaz sunnydiaz @seamarchc.org	Sunny Diaz sunnydiaz@seamarchc.org 206.764.4713
Valley Cities (psychiatric consultation)	Marc Avery, MD mavery@valleycities.org 253.876.3427	Walter "Wally" Lovell, MD (Child Psychiatrist) wlovell@valleycities.org 253.833.7444 ext3519	
PHSKC	Erin Galvin Erin.galvin @kingcounty.gov	Anne Shields Anne.shields @kingcounty.gov	Jessica Knaster Jessica.knaster @kingcounty.gov

Behavioral Health Integration Pilot Sub-committee Roster

First	Last	Organization	email	Phone
Neil	Baker	National Initiative for Children's Healthcare Quality Mental Health	neil@njbaker.net	(206) 855-1140
Kathy	Barnard	University of Washington, Family and Child Nursing, Center on Infant Mental Health and Deveopment	kathyb @u.washington.edu	
Kristen	Callison	Puget Sound Neighborhood Health Centers	CalliK@psnhc.org	206-461-3915 x137
Abie	Castillo	Community Health Plan of Washington	acastillo@chpw.org	206-521-8833
Theresa	Clark	Public Health - Seattle & King County	theresa.clark @kingcounty.gov	(206) 296-7450
Mark	Fadool	Odessa Brown Childrens Clinic Psychiatry and Behavioral Medicine Clinic	mark.fadool @seattlechildrens.org	(206) 987-7225
Charissa	Fotinos	Public Health - Seattle & King County	charissa.fotinos @kingcounty.gov	206-263-8279
Sarah	Hopkins	Public Health - Seattle & King County	sarah.hopkins @kingcounty.gov	206-324-9494
Richard	Kellog	Mental Health Division, Department of Social and Health Services	kellore@dshs.wa.gov	(360) 902-0790
Barbara	Maurer	MCPP Healthcare Consulting	barbara@mcpphc.com	206-352-2662
Suzanne	Petersen	Children's Hospital and Medical Center	suzanne.petersen @seattlechildrens.org	206-987-2125
Lisa	Podell	Public Health - Seattle & King County	lisa.podell @kingcounty.gov	(206) 263-8746
Jeff	Reiter	Community Health Centers of King County	jreiter@chckc.org	(425) 882-1697
Amnon	Schoenfeld	King County Community & Human Services	amnon.shoenfeld @kingcounty.gov	(206) 263-8902
Anne	Shields	Public Health - Seattle & King County	anne.shields @kingcounty.gov	(206) 263-8345
Kathy	TeKolste	University of Washington, Center on Human Development and Disability	kat423 @u.washington.edu	206-598-6804
Kelli	Carroll	Legislative analyst, King County Council	kelli.carroll @kingcounty.gov	(206) 296-1618

Appendix D – KC Kids Dental Meeting Summary, August 6, 2007

Attendees:
Christina Hulet, Governor's Office
Jim Dwyer, Washington Dental Service
Ron Inge, Washington Dental Service
Laura Smith, Washington Dental Service Foundation
Sean Pickard, Washington Dental Service
Rachel Quinn, King County Executive's Office
Susan Johnson, Public Health – Seattle & King County
Susan Thompson, Public Health – Seattle & King County

Agenda

10:30	Welcome and Introductions	Jim Dwyer
10:45	Background on CHI Innovative Pilots	Susan Johnson
10:50	Oral Health Demonstration Pilot -Michigan model -Pilot objectives -Networks, access, costs and utilization	Ron Inge
11:15	Discussion	All
11:45	Next Steps	

Demonstration Pilot Brief Description

Oral health. An oral health demonstration project funded by Washington Dental Service (WDS) would improve the delivery of oral health services to children between 250% FPL and 300% FPL, (including preparatory efforts for a "buy in" option for families over 300% FPL), prior to the 2009 date set for this by the State. The project would include development of a subsidized product for the estimated 1,000 children eligible that could utilize the dental risk assessment strategies envisioned by the State, offer a broad and tight network of participating dentists to be reimbursed at rates similar to the Access To Baby and Child Dentistry Program, (ABCD), state rates of reimbursement, and be administered by the WDS to provide greater simplicity and ease for providers, clients and the State.

Meeting Summary

The purpose of the meeting was to provide a update to Christina Hulet from the Governor's office on the Children's Health Initiative in general and provide specific details on the planning process for the Oral Health Pilot Project. Washington Dental Service is interesting in exploring whether or not a Michigan-type model, where there is private administration of the state-sponsored dental coverage through Delta Dental Michigan, would be possible in Washington State.

Appendix D – KC Kids Dental Meeting Summary, September 7, 2007

Present: Joel Berg, Abie Castillo, Jon Gould, Ron Inge, Susan Johnson, Marty Lieberman, Karen Merrikin, Laura Smith, Susan Thompson, Lisa Zerda

Agenda

I. Introductions
II. Background and Purpose of the Subcommittee
III. Proposed Oral Health Pilot for King County
    a. *Healthy Kids Dental*, Michigan Model as a Template
    b. Key Elements of Proposed Pilot
IV. Work Plan
    a. Products and timelines
    b. Assignments
    c. Next meeting(s)

Discussion points

- *Pilot model:* Ron provided a summary of the oral health pilot project supported by WDS. Pleaser refer to Oral Health Pilot Description document.
- *Outreach strategies:* "First tooth, first birthday, first dental visit" as focal point on marketing materials; Top tier focus areas: pediatricians, schools/local PTAs/school nurses, child care resources, hospitals (information in new mom packets); businesses NOT providing dental with part time workers; businesses providing health insurance, but no dental benefits; businesses where likely eligible families shop; need for a point person for coordination/questions/answers; Illinois did effective outreach to over 250% FPL families—strategies to be researched. To explore in the future: Child Profile
- *Marketing is key:* Can not be a best kept secret; need tie in early to ParentHelp123 and online information
- *In-reach strategies:* Connecting with CSOs for over income group and with public clinics for current clients eligible for this coverage; other community clinics (have already discussed with SeaMar) could do the same type of in-reach. Need to identify a point person at WDS before this is initiated.
- *PPO network and community clinics*: clarity needed for participation
- *Buy -in option* over 300*% FPL:* to be developed with exploration of partnership of a medical product

Assignments and Next Steps

- Ron will discuss marketing plan internally at WDS and make a decision if the development of a marketing plan can be done in-house or needs to be contracted out. Advisable to test out marketing materials with users prior to finalization.

- Ron will prepare a preliminary budget for the pilot for the September 24th meeting
- Ron will connect with Insurance Commissioner to discuss the pilot
- Ron will explore an option within WDS whereby public health and community clinics can be a PPO in the new dental plan for 250%-300% FPL but not obligated to open up their practice to all clients.
- Ron will connect with colleague regarding Illinois outreach strategies
- Susan T will research potential employer points of connections to whom the new dental plan for 250% – 300% FPL can be marketed
- Susan T will discuss further with Laura the hiring of a person to do outreach and marketing (Mardie Rhodes?) and whether that should be done through PHSKC or WDSF; Susan J will call Mardie about availability
- Susan T and Marina Espinoza (WDSF) will connect regarding other possible candidates and scope of work
- Susan T/Lisa P will contact with Jane Seidel and/or Debbie Wingfield—Region 4 regarding connecting with CSOs about over incomes
- Susan T/ Kirsten W will connect with ParentHelp123 regarding new opportunity for online and eligibility determination.
- Susan T will explore with Sue Shields of Puget Sound Skills Center using that school as a pilot school site to identify kids.

Next meeting : Week of October 29th - Susan T will be following up with you.

Next meeting of Health Innovation Implementation Committee: September 24, 2007, 1:00 – 3:00

Oral Health Pilot Project Work Plan September 2007 – January 2008		
Action Step	**Responsible Person or Organization**	**Date**
Meeting of Oral Health Sub-committee	Susan Thompson	Sept 4, 2007
Pilot budget developed	Ron Inge	By September 24, 2007
Connect with 4 CHI outreach teams regarding over income group	Susan Thompson/Lisa Podell	September 26, 2007
PPO network process for community clinic providers clarified	Ron Inge	October 2007
Scope of Work for outreach position developed	Susan Thompson/WDSF	October, 2007
Connect with DSHS regarding CSOs and over income group	Susan Thompson	October 2007
Connect with ParentHelp123 to develop scope of work, budget, and phased-in approach for adding 250% - 300% FPL to online eligibility application	Susan Thompson/Kirsten Wysen with WDS and Within Reach	October/November 2007
Draft marketing plan developed Draft marketing material produced	WDS	October/November 2007
Meeting of Oral Health Sub-committee	Susan Thompson	October 2007
Draft marketing materials field tested	WDS/PHSKC	November/December 2007
Marketing materials finalized		December 2007
Outreach position hired Initial marketing with schools, employers, community clinics, businesses	WDSF	November 2007
School pilot to identify eligible kids at Puget Sound Skills Center	Susan Thompson	October/November/December 2007
Marketing materials ready for dissemination	WDS	January 2007
Kids enrolled in new WDS program	New hire-TBD	Beginning January 2007
Phase 1: ParentHelp123 online enrollment	WDS/Within Reach	February 2008

Appendix D – KC Kids Dental Meeting Summary, October 29, 2007

Present: Abie Castillo, Ron Inge, Susan Johnson, Marty Lieberman, Laura Smith, Susan Thompson, Dale Ahlskog, Moffett Burgess, Marina Espinoza, Teresa Tamura, Chris Delecki, Darlene O'Neil

I.	Welcome and Introductions	
II.	Oral Health Pilot Project: Activities update	Ron Inge & Susan Thompson
III.	Oral Health Pilot: PPO network	Ron Inge
IV.	Outreach plan	Darlene O'Neill
V.	Preparing for November 16th HIIC meeting a. Review of work plan document b. Review of budget document c. Review of evaluation plan document	All

Discussion Points

- Outreach strategies**:** Finding the children who are eligible in this slice will be challenging and the strategies that are most effective will be of interest to the State.
  In addition to schools and early childhood venues, suggestions were to focus on pediatric and family practice offices. KCDS and WSDA to be notified and participate. Mail out with energy bill? Can not have insurance now – no crowd out. Goal for materials is December.
- Likely to be significant fluidity relating to assumptions about dental needs and services actually provided. Deductions for some things not to be done at this time but revisited
  later. Similarly the "Buy In" option will not start right away.
- PPO network will be utilized with safety net providers in an "out of network" inclusion or will be included in PPO network – to be reviewed.
- Evaluation elements discussed: #'s, cost per enrollee, types of services, survey of dentists for administrative ease, compare to state lists.

Appendix D – KC Kids Dental Meeting Summary, March 26, 2008

Present: Joel Berg, Abie Castillo, Ron Inge, Susan Johnson, Moffett Burgess, Karen Merrikin, Laura Smith, Susan Thompson, Lisa Zerda, Hillary Chisholm

Update on KC Kids Dental program

- 801 web site hits to date
- 202 kids enrolled in the program; current highest areas of enrollment: Seattle, Renton, Burien
- Approximately 60,000 flyers distributed to schools
- Emergency services component of the program which allows any child in dental pain to see a dentist immediately for care while eligibility is being determined has allowed about 5 children to get some very needed care
- Outreach with a first focus on schools and child care. Of those who access the web site, they hear about the program via:
    - Schools 29%
    - Radio 27%
    - Other 22%
    - Friends/Family 12%
    - TV 5%
    - Daycare 3%
    - Employer 2%
- Given that "other" is so high it would be useful to know what this comprises. WDS will explore changing the web site to allow for this.
- KC Kids dental featured on King 5 Health link (link): http://www.king5.com/health/children/stories//NW_031508HEB_dental_care_free_KS.5a182481.html

Synergy with other CHI programs

- KC Kids Dental program has referred about 175 children who are under-income to CHI outreach team to check on SHIP/Medicaid eligibility
- CHI outreach teams have referred about 105 children who are not eligible for SCHIP/Medicaid to KC Kind dental
- WithinReach has KC kids dental info on their website
- KC Kids now a piece of the CHI outreach team tool kit and word is spread through that work

Successes and Challenges

Successes

- Energized start up with web site development and materials produced quickly allowing for a Jan 1 launching of the program
- Great stories about children in need of care being connected to services
- Strong receptivity in the community for the program–lots of open doors and facilitation to get the word out.

- Organic nature in the spread of program information via school, child care, PHSKC newsletters
- No news from the 900 dentists participating in the King County PPO is good news ; stigma neutrality is working

Challenges

- FPL adjusted effective April 2008, which means some at the 250% level who were eligible before are now eligible for Medicaid and the 300% level extended upwards a bit. WDS determining how to address this issue
- Families at 200% -250% FPL who have private health insurance are being referred to KC Kids because they are in search of dental coverage, but they come up ineligible. Unfortunately, SCHIP will not tag on just dental so these children are left out. This appears to be a federal regulation and not state. Committee members will flag this for follow up by their policy folks.
- Not all, but most CHCs are in PPO network. The duration of the pilot too short to create a exemption that would allow CHCs to see KC Kids without becoming part of the network, although if WDS pilots private administration of a public program in the state it would think through this more carefully.

Evaluation plan

- Suggestion to include in family satisfaction survey questions about missed school and work time due to oral health problems.
- Working with Darlene to match program reporting document with what we need to provide for the Council report this summer.

Dovetailing with the State:

- Surprise at the situation with SCHIP 200%-250% who have private medical insurance and cannot get Medicaid for dental. This was flagged as something to avoid with the State's expansion to 300%FPL
- Buy-in option contingent on partnering with a medical plan component to avoid adverse selection; potential also to partner with the Health Insurance Partnership legislation for small business which has a dental option
- WDS and WDSF have met a couple of times with the state regarding the idea of replicating the Michigan model in WA, as a pilot and therefore not requiring a federal waiver, in some capacity. Those meetings will be ongoing throughout the year.
- Discussion of piloting the WDS administration of Medicaid in WA assumes further exploration and analyses of which counties would be best for a pilot.
- New study from S. Carolina shows strong relationship between oral health problems and children's school attendance and performance.
- Clarification that as it stands now the program would end December 31, 2008 when the State has proposed to pick these kids up. Challenges with this are that families would likely need to change providers when they become Medicaid
- Advocacy package–how can sub-committee help promote the idea to amplify the pilot as a Michigan-type of demonstration in WA – good to pursue in more depth at a later Committee meeting

Appendix D – KC Kids Dental Progress Report

Project Team: WDS: Darlene O'Neil, Ron Inge
PHSKC: Susan Thompson

Date of Report: June 5, 2008

Project Aim:
The Oral Health Pilot known as the KC Kids Dental Program, will provide an effective demonstration of the program to be launched by the state in January 2009 which will extend medical and dental coverage for children between 250% - 300% FPL. WDS's contribution to the pilot program will include the development, marketing, administration and evaluation of a countywide dental coverage program, establishing a provider network for access to care, and payment for services provided for children falling in the 250% - 300% FPL range until January 2009. WDS will work with the other Health Innovation Implementation Committees (HIIC) to identify and enroll eligible children into the program.

Opening a dialogue with state partners to explore the potential for private administration of a publicly-funded dental coverage program as exists in Michigan, is an additional aim of this demonstration pilot project.

What are the important/unique/challenging aspects of this project?

Under new State law signed by Governor Gregoire in March 2007, the upper end of eligibility for children's medical and dental coverage in Washington State will be raised to 300% FPL in January 2009. There are an estimated 1,000 children in this income band residing in King County. Given that these families earn a monthly income of between $4,417 - $5,301 for a family of four traditional methods of outreach to locate and enroll children in publicly funded health programs may not be relevant. WDS has developed and employed outreach strategies focusing on schools, the internet, child care centers, radio and television to locate and enroll children in the program.

A second challenging aspect of the project is that given the one year time frame of the KC Kids Dental Project a fast start up has been critical so that children are located, enrolled and access services prior to the end of 2008.

A unique aspect of the project has been the synergy between the KC Kids Dental project and the CHI outreach teams. The WDS KC Kids team refers families that apply and are under-income to the CHI team and the CHI teams make referrals to the KC Kids. As a result of this synergy a unique and concerning situation was discovered. The CHI teams have referred several SCHIP-eligible children (200% -

250% FPL) who have private medical insurance but no dental coverage, but they were not income-qualified for the KC Kids program (250% - 300% FPL). Apparently, the SCHIP program, unlike Medicaid, does not allow wrap around services. HIIC committee members have taken this issue up with the state to advocate for the allowance of dental wrap around services for SCHIP-eligible children who have privately funded medical insurance.

Date of report: June 5, 2008

List significant accomplishments – focus on results: *(include progress/resolution of any issues from previous reports, if appropriate)*

1. Development and launch of the KC Kids Dental Project web site where a family can view information about the program and download an application form.
2. Extensive outreach activities that have provided KC Kids project information to every school district in King County, to hundreds of child care providers, community agencies, and through radio and television.
3. Please refer to next section for data report on specific accomplishments

Current results/data, if available:

Children enrolled in the program

- **413** children enrolled as of May 30, 2008
    - January 54
    - February 77
    - March 89
    - April 115
    - May 78
    - June

- 1,523 hits to the website

Of those enrolled in the program, how did they hear about it?

- School = 98
- Radio = 30
- Family/Friend = 25
- Childcare = 9
- TV = 11
- Employer = 5
- Other = 44
    - Includes: office, DSHS, internet, library, childcare, poster, dental office, NW News.com, mail, community center, church

- **Under income children referred to CHI outreach team = 539**

Services Delivered (Jan – April 2008)

Month	# of dental visits	Preventive encounters delivered	Restorative encounters delivered	Cost preventive services	Cost restorative services	Total cost of services
Jan	10	10	6	$1,971	$1,901	$3,872
Feb	22	20	12	$3,605	$8,669	$12,274
March	47	35	20	$6,614	$13,451	$20,065
April	77	66	28	$11,037	$10,433	$21,470
May	110	87	35	$16,613	$27,409	$44,022
June						
Total	**156**	**131**	**66**	**$23,227**	**$34,454**	**$57,681**

Where are we finding these kids in King County? (10 highest cities)

- Seattle = 67
- Bellevue = 17
- Renton = 26
- Kent = 19
- Auburn = 13
- Burien = 9
- Des Moines = 7
- Kirkland = 7
- Federal Way = 15
- Maple Valley = 6

Represents a family application, often more than one child per application

What problems/issues have been encountered that Public Health can help with.

The KC Kids Dental program has worked with staff at Public Health to access internal and external relationships to assist with getting the word out about the program. For example:

- The CHI Outreach and Access teams disseminate information widely through their outreach and education activities
- 15 Public Health Nurses who routinely visit child care centers in King County have been distributing flyers about the KC Kids Dental project
- Public Health staff connected to the Seattle school-based health program provided with KC Kids information
- Link established to the KC Kids program on the Public Health web site
- Relationship with City of Seattle Human Services and Child Care Resources facilitated the dissemination of KC Kids information through their networks

Appendix D – KC Kids Dental Pilot Sub-committee Roster

Name	Organization	Contact
Joel Berg	University of Washington School of Dentistry	206-543-4884 joelberg@u.washington.edu
Abie Castillo	Community Health Plan	206-613-8929 acastillo@chpw.org
Chris Delecki	Seattle-King County Dental Society	206-987-7225 chris.delecki@seattlechildrens.org.
Ron Inge	Washington Dental Service	206-528.7329 ringe@deltadentalwa.com
Marty Lieberman	Puget Sound Neighbor Health Centers	206-461-6943 lieberm@psnhc.org
Karen Merrikin	Group Health Cooperative	206-448-6164 Merrikin.k@ghc.org
Laura Smith	Washington Dental Service Foundation	206-528-2335 lsmith@deltadentalwa.com
Lisa Zerda	Molina Health Care	425-424-1130 Lisa.zerda@molinahealthcare.com
Susan Johnson	Public Health – Seattle & King County	206-263-8684 Susan.johnson@kingcounty.gov
Susan Thompson	Public Health – Seattle & King County	206-263-8756 Susan.thompson@kingcounty.gov